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White 700.00 OP (Signature) 01 FC:2501 300.00 OP 02 FC:1504 (Date) 30.00 OP 03 FC:8001 FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE CONFIRMATION NO. **VASSILIOS PAPADOPOULOS** 03/25/1998 09/047,652 009/064/SAP 3470 TITLE OF INVENTION: PERIPHERAL-TYPE BENZODIAZEPINE RECEPTOR: A TOOL FOR DETECTION, DIAGNOSIS, PROGNOSIS, AND TREATMENT OF CANCER **SMALL ENTITY PUBLICATION FEE DUE** PREV. PAID ISSUE FEE **ISSUE FEE DUE** APPLN. TYPE TOTAL FEE(S) DUE DATE DUE YES \$700 \$300 \$0 \$1000 nonprovisional 07/09/2007 **EXAMINER ART UNIT CLASS-SUBCLASS** DAVIS, MINH TAM B 1642 424-130100 11. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list Schwegman, Lundberg, CFR 1.363). (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively. 2 Woessner & Kluth P.A. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Georgetown University Washington DC Individual Corporation or other private group entity Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form). Advance Order - # of Copies 10 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office. 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